Medication Administration

For

Resource Parents

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STATE OF TENNESSEE

DEPARTMENT OF CHILDREN'S SERVICES

Phil Bredesen
Governor

Viola P. Miller
Commissioner

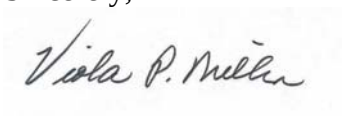
Dear Resource Parents,

The Department of Children's Services is extremely proud of all of you who provide loving homes for our children. Without you, our children would not have the opportunity to live in caring and nurturing homes.

Caring for the emotional and physical needs of these children is of great importance. I realize that this also can be a great challenge. The department wants to ensure that you have the information and resources you need to care for our children, so we have created a training specifically to address issues surrounding the administration of medication. Your participation in this training will give you a better understanding of how to safely store and give medication to children in your home. We will also discuss how to communicate with your child about the medication he/she is taking and to recognize side effects.

I hope you enjoy this training and find it both helpful and useful. I thank you for your dedication and commitment to serving our children and for your vigilance regarding medication and health issues. If you have any questions or need ongoing assistance, please feel free to contact the DCS Health Advocacy Nurse in your region.

Sincerely,



Viola P. Miller, Ed.D.

Medication Administration Guiding Principles

1. Caregiver knows about the child's general health and condition that is being treated with medication.

2. Caregiver can give medications accurately and safely.

3. Caregiver has basic knowledge about the medication(s) to be given.

4. Caregiver can make correct observations about how a child responds to medications, including over-the-counter medicines, and can write down and report these observations.

5. Caregiver knows about side effects that can occur with medications.

6. Caregiver knows there is no medication that is harmless.

7. Caregiver knows safe, clean and proper storage of various types of medications.

8. Caregiver knows his/her limitations and who to call with questions about medication administration.

9. Caregiver knows how to practice infection control and universal precautions.

10. Caregiver can contact a licensed and knowledgeable person when in doubt about any procedure or direction.

Responsibilities in Administering Medications

It is very important for you to understand your limitations of authority and responsibility. You must never try to perform tasks when you do not feel comfortable or you feel you have not been trained. If someone wants you to do something that makes you uncomfortable and you have not been trained to do, you must refuse. Contact the child's healthcare provider and/or the DCS Health Advocacy Nurse for further assistance.

Legal Issues – Children's Rights, Refusal of Medication, and Confidentiality

Mature Minor - Tennessee law presumes that children 14 years of age and older have the maturity to consent to or refuse medical treatment or medication, but it has to be determined on a case-by-case basis by the prescribing healthcare provider. A mature 14 year old or older youth's decision to refuse medical treatment or medicine shall not be overridden by DCS staff, the Biological Parent, or the Resource Parent.

Mental Health Law – Older youths have special rights with regard to mental health services. Per TCA 33-8-202, children with serious emotional disturbance or mental illness, who are 16 years old or older, have the same rights as adults with respect to outpatient and inpatient mental health treatment, medication decisions, confidential information, and participation in conflict resolution procedures.

Refusal of Treatment or Medication - If a youth refuses treatment or medication, every effort should be made to determine the basis for the refusal. The healthcare provider should be notified and the youth should be appropriately counseled regarding the impact of the refusal. The DCS Case Manager must be notified and will have the youth sign *Release from Medical Responsibility* (DCS Form CS-0093).

When a competent youth refuses treatment or medication, the healthcare provider must determine the following:

- ✓ Going without the treatment or medication will result in harm, and
- ✓ The treatment is medically necessary, and
- ✓ There are no other available alternatives

If these conditions are met, the DCS Case Manager will consult with DCS Legal Counsel to determine if judicial intervention is needed.

Confidentiality - You must always protect the confidentiality of the children in your care. Health information about your child must be kept private except when it is necessary for the child's health, when it is required by law, or when a parent or a youth 16 years or older gives written permission to tell another person.

Obtaining Information about Medications

When a medication is obtained from a pharmacy, a reference sheet is included that gives information about the medication including name, common uses, warnings, how to use the medication, cautions, possible side effects, overdose information, and any additional information that may be important. You should keep these information sheets with the medications for future reference.

Other reliable sources for medication information include the doctor, pharmacist, nurse, current drug reference book, or the Internet. You may also call your DCS Health Advocacy Nurse with questions.

How Medications Are Processed in the Body

Factors that influence how a medication works include:

- Age
- Weight
- Sex
- Genetic factors
- Illness or disease
- Time of administration
- Environment

The five basic body processes that affect medication actions are:

1. **Reception** – how the medication is introduced into the body
   - Oral
   - Injection
   - Intravenous
   - Absorbed through skin or mucus membranes
   - Topical
2. **Absorption** – how the medication moves into the bloodstream
3. **Distribution** – how the medication moves from the bloodstream into the cells and the fluid-filled spaces between the cells
4. **Metabolism** - how the body uses the medication and breaks it down into different substances
5. **Elimination** – how the body gets rid of the medication and it by-products
   - Kidneys – the medication is sent out of the body in urine
   - Intestines – the medication is sent out of the body as feces
   - Lungs – the medication is sent out of the body by exhaling air

Major Classifications of Medications

1. **Analgesic** – relieves pain
2. **Antacid** – reduces or eliminates acids in the stomach
3. **Antianxiety** – decreases anxiety
4. **Antiasthmatic** – treats asthma
5. **Antibacterial/Antibiotic** – kills or slows the growth of bacteria
6. **Anticoagulant** – slows blood clotting
7. **Anticonvulsant** – prevents or stops seizures
8. **Antidepressant** – relieves depression
9. **Antidiarrheal** – stops or decreases diarrhea
10. **Antidote** – counteracts overdoses of medication or toxic substances
11. **Antiemetic** – controls nausea and vomiting
12. **Antifungal** – treats fungal infections
13. **Antihistamine** – reduces symptoms of allergies
14. **Antihypertensive** – decreases high blood pressure
15. **Antipsychotic** – treats psychosis and controls behavior
16. **Antipyretic** – reduces fever
17. **Antitussive** – relieves cough
18. **Antiulcer** – treats heartburn and decreases secretion of stomach acid
19. **Antiviral** – manages or prevents viral infections
20. **Bronchodilator** – treats bronchospasm in asthma
21. **Cardiovascular Agent** – treats heart and circulatory disorders
22. **Diuretic** – increases urinary output
23. **Expectorant** – induces cough and movement of fluid from respiratory tract
24. **Gastrointestinal Stimulant** – stimulates motility of the upper GI tract and accelerates stomach emptying
25. **Glucocorticoids** – reduces inflammation or suppresses the immune system
26. **Hormones** – treats hormone deficiency including diabetes, hypothyroidism and menopause
27. **Hypoglycemic Medication** – treats and controls diabetes
28. **Laxative** – stimulates and loosens the bowels
29. **Nonsteroidal Anti-Inflammatory Agents** – control pain, fever and inflammatory conditions such as muscle or joint pain
30. **Over-the-Counter (OTC)** – medications that do not require a prescription
31. **Psychotropic** – treats behavior/mental health issues
32. **Sedative/Hypnotic** – induces sleep
33. **Skeletal Muscle Relaxants** – stops muscle spasms and relieves painful musculoskeletal conditions
34. **Stimulant** - schedule II controlled substance which produces central nervous system stimulation
35. **Topical Steroid** – reduces inflammation of various skin conditions due to dermatitis, insect bites, poison ivy, and the like

Some medication may be used for reasons other than those listed above. This is commonly called “off label” use.

Purpose of Prescribing Medications

The term drug or medication refers to a substance or mixture (other than food) that is used to do one or more of the following:

- Maintain health
- Treat disease
- Relieve symptoms
- Prevent disease
- Alter body processes
- Diagnose disease

Forms of Medication

Medications are found in three basic forms:

1. ***Liquid*** preparations are those containing a drug that has been dissolved or suspended in a solvent such as water or alcohol. Liquids include elixirs, emulsions, fluid extracts, inhalers, liniments, mixtures or suspensions, sprays, solutions, syrups, tinctures.

2. ***Solid*** preparations are tablets, capsules, troches, or lozenges, and suppositories.

3. ***Semi-solid*** preparations include ointments, suppositories, lotions, and creams.

Drugs are mixed with various ingredients to make them suitable for administration. There are ingredients to make oral drugs taste better. There are different concentrations or strengths of drugs. Other ingredients allow drugs to be applied to the skin or placed into the body such as the eyes or ears. These combinations of drugs with various ingredients are called drug preparations.

Routes of Medication Administration

- ***Oral*** medications are given by mouth, swallowed, and then enter the stomach. These medications are digested in much the same manner as food. After being dissolved, oral medications are absorbed into the bloodstream and then work throughout the body.
- ***Buccal*** medications are placed in the cheek pocket, at the back of the lower jaw. The medication is absorbed through the mucous membranes that line the inside of the cheek.
- ***Sublingual*** medications are placed under the tongue where they are held until dissolved by saliva. The medication is absorbed by the rich blood supply within the area.
- ***Eye*** (ophthalmic) medications are put into the eye by means of a dropper (liquids) or a tube (ointments).
- ***Ear*** (otic) medications can be placed into the ear by means of a dropper.
- ***Dermal patch*** is a method of having medicine absorbed through the skin. The patch is placed directly on the skin in the specified area.
- ***Inhalation*** medications are sprayed or inhaled into the lungs. Medication is absorbed through the tiny sacs (alveoli) of the lungs. Medications used for this route are in the form of gases or fine droplets, sprays, or mists.
- ***Nasal*** medications are put into the nose by means of drops or sprays. Absorption is through the mucous membrane lining of the nose.
- ***Rectal*** medications are administered in the form of suppositories; however, creams and ointments may also be prescribed. Absorption is through the mucous membrane lining.
- ***Vaginal*** medications are administered by means of creams, suppositories, tablets, or other special applications. Medication is absorbed into the vaginal mucosal lining.
- ***Subcutaneous*** medications are injected just beneath the skin into the fatty layer. Usually a licensed nurse administers these medications; however foster parents can receive special training to administer them.
- ***Intradermal*** medications are those injected between the layers of the skin. Only a nurse can administer these medications.
- ***Intramuscular*** medications are injected directly into the muscle. Only a nurse can administer these medications.
- ***Intravenous*** medications are introduced directly into the bloodstream through a catheter. Only a nurse can administer these medications.

Actions and Effects of Medication

Although medications are given because of the helpful effect they have, they can also be very dangerous. Persons licensed to prescribed medications know the actions of the medications and how they should be used. Remember there is no harmless medication and there is no absolute correct dose. Each depends on the result the medicine has with that specific child at a specific time. Therefore, observing the child's response to a medication is very important.

The following words will define actions, effects, and reactions encountered when medications are given.

- ***Action*** is the way a medication produces changes in body cells and tissues.

- ***Effect*** is the physical or psychological changes in body cells and tissues as a result of administration of the medication.

- ***Dose*** is the amount of the medication given at one time.

- ***Side effect/adverse reaction*** is an unwanted effect that may range from something small like a dry mouth to something life threatening like breathing problems. A side effect may also be a desirable effect. For example, Trazodone is an antidepressant prescribed for depression, but it also makes one drowsy and can be given to help a child sleep.

- ***Hypersensitivity*** is an allergic response to a medication. It may be a rash that may or may not progress to problems with breathing. Anaphylaxis, the severest form of hypersensitivity, may occur with impending death if there is not intervention.

- ***Interaction*** means that two or more medications react together to change the effect they have on the body. Similarly, certain foods can interact with some medication to change the intended effects on the body.

- ***Tolerance*** is when a higher dose of a medication is needed to get the same effect that a smaller dose once got.

Drug Overdose

A drug overdose is the accidental or intentional use of a drug or medicine in an amount that is higher than is normally used. Overdoses can occur with prescription medications, over-the-counter (OTC) medications, and "street" drugs, and can be life threatening. Mixing certain medications or "street" drugs with alcohol can also kill.

Physical symptoms of a drug overdose vary with the type of drug(s) taken and can include:

- Difficult breathing
- Slurred speech
- Lack of coordination or unsteady walk
- Shaking (tremors) or agitation
- Slow or fast pulse/heartbeat
- Low or high body temperature
- Small or large eye pupils
- Reddish face
- Heavy sweating
- Stomach pain, nausea and vomiting
- Drowsiness, sleepiness or confusion
- Violent or aggressive behavior
- Delusions and/or hallucinations
- Unconsciousness which may lead to coma

**Note: a diabetic who takes insulin may show some of the above symptoms if he or she is having an insulin reaction.*

Drug emergencies are not always easy to identify. You are not expected to know when a drug overdose is serious. Call immediately for emergency assistance if you find a child who you think is having a drug overdose.

The paramedics and emergency room staff will want to know:

- ✓ What drug(s) was taken? Try to locate the drug's container.
- ✓ How much of the drug was taken?
- ✓ When was the drug taken?
- ✓ Was the drug taken with alcohol or any other drugs or chemicals?
- ✓ What symptoms is the child experiencing?
- ✓ Is the child conscious?
- ✓ Is the child breathing?

Be very careful when dealing with drug overdose. Each person responds differently, and reactions are hard to predict. Some children who are taken to an emergency room may not develop any physical signs of poisoning. Others will become quite ill.

Do not jeopardize your own safety. Some drugs can cause violent and unpredictable behavior. Call for professional help. Do not try to reason with someone who is on drugs. Do not expect them to behave reasonably. Do not offer your opinions when giving help. You do not need to know why drugs were taken in order to help the child and give first aid.

If a child has ingested a substance in the home, you can call the Poison Control Center:

Tennessee Poison Control Center

1-800-222-1222

Five Rights of Medication Administration

Right Person

- ✓ Look at the name on the prescription bottle to be sure it is prescribed for that child.
- ✓ Medication should be administered to one child at a time.
- ✓ The child should remain in full view while the medication is given with a mouth check if necessary

Right Drug

- ✓ All medication must be given from the original labeled container.
- ✓ Any special directions must be followed when giving medicines (e.g., take with food or with a full glass of water).

Right Dose

- ✓ Look at the medication label prior to administration to make sure you are giving the right amount of the medicine.
- ✓ One dose of the medication should be given at the correct time.
- ✓ You must be very careful when medications have different dosages ordered for different times and these must be followed accordingly.
- ✓ Some medications are prescribed in certain dosages or strengths; in order to give the right dose, it may be necessary to give more than one tablet or split a tablet to equal the right dose.

Right Time

- ✓ Medications are to be given at the right times or intervals and for the right number of days or doses.
- ✓ Always give all the medicine unless the prescribing provider says to stop.
- ✓ A missed dose cannot be “made up” at the next scheduled time without approval from the prescribing prescriber.

Right Route

- ✓ Verify the transcriber’s order or manufacturer’s direction concerning route of administration prior to giving the medication.
- ✓ Be careful that creams, drops, suppositories, and pills are given correctly.

Important Things to Know about Medication Administration

- Prescription medications are dispensed by a pharmacy and must stay in the original container with the pharmacy label.
- Each child's medications should be kept in a locked container in the foster home.
- Read the label of the medication container carefully.
- Never take medicine from an unmarked or damaged container, or if you cannot read the label.
- Keep all containers tightly closed. If you see any change in color, consistency, or odor, call the pharmacist or prescribing provider.
- You must be familiar with the child's allergies, ability to swallow, etc.
- Medication must be given exactly as ordered. Contact the prescribing provider or pharmacist before crushing or splitting tablets or caplets, or opening capsules.
- Give the medication at the time it is scheduled and stay with the child until the medication is taken.
- If the child is old enough to understand, tell them why they are getting medication and how it should help them.
- If a youth refuses medication, try to find out why. If the youth refuses to take the medication for two days, you must notify the prescribing provider and the DCS Case Manager.

Medications and Children with Disabilities

Communication difficulties - Caregivers must be aware of mental and communication problems that frequently are seen in children with developmental disabilities. If the child is not able to communicate, you must be careful in watching for any changes in the way the child may be feeling or reacting to medications. Watch for any body language that may be cues to their feelings, reactions and physical and mental condition. The caregiver must watch for changes in their child's appearance, mental status, emotional feelings and the way they act or behave which can signal pain, distress, or other problems. Any changes should be reported to the healthcare provider.

Swallowing and movement difficulties - Children with swallowing problems have special considerations when taking medicine. The child may clamp or bite down when the mouth should open, they may push their tongue forward when food is taken in, they may pull the lips together, and they may have delayed swallowing or loss of food or fluid from the mouth, coughing, gagging, or any other problems associated with swallowing. The healthcare provider can write down some instructions on how to feed, give liquids and give medications so the child does not choke. Some medications can be given in applesauce, yogurt, pureed fruit, etc. Amount, texture, and consistency of the food containing the medication, exact placement within the mouth, and specific positioning can be very important.

Gross motor difficulties and/or immobility - Many children with developmental disabilities also have physical disabilities. Their muscle tone may be too high, resulting in stiff movements or postures, or too low, resulting in limpness. Abnormal muscle tone, joint stiffness and deformity make positioning very difficult. Children with very tight muscles and permanent bends in the hip and knee (contractures) may be difficult to seat in an upright position. Children with very low muscle tone or body limpness often slide down when placed in a seated position without enough support. These situations can lead to spilling of medications and liquids from the mouth and problems in swallowing and keeping swallowed medicine in the stomach. The caregiver should make sure that when the child is seated to take oral medication, he/she is supported to help the medicine go down to the stomach.

Food, fluid and medication administration to a child with physical and development disabilities should be a collaborative effort of the child's Primary Care Provider, caregiver, nurse, pharmacist, dietitian, and oral motor/speech therapist. Do not crush, open or split, or change the route of administration without first talking to the prescribing provider or pharmacist.

Medication Away from Home

Frequently children in custody have family visits, outings, or may need to take medication during the school day. When possible medications should be given before and after school hours; you should talk to the prescribing provider or pharmacist to arrange a workable schedule. For an occasional outing, a medication dose could be given before or after the event.

Some children do have to take medication during school hours or on a temporary family visit. Only a pharmacist, physician, physician's assistant, or nurse practitioner may repackage medication. If the child needs to take the medication at another location and the original container cannot safely be transported with the child, ask your pharmacist for a duplicate prescription container. Putting a few pills in an envelope is not allowed.

Self-Administration of Medication

Self-administration of medications means the child is responsible for taking their medicines at the proper time or when they are needed rather than the Resource Parent giving them their medicine. The prescribing provider must write an order that the child can take his/her own medication. A copy of that order is sent to the DCS Health Advocacy Nurse before any child can take his/her own medications.

- The self-administration program must be developed according to the child's needs and capabilities.
- The child must be trained by a licensed health care provider to take his or her own medicine. The prescribing provider and the foster family will provide ongoing training and evaluation of the child's progress.
- Medicines for children who are on a self-administration program must be stored so no other children have access to them in the home.

Universal Precautions

Universal precautions are guidelines followed to help to prevent the spread of infection. These organisms can be spread from person to person by:

- Blood and other body secretions
- Droplets breathed, sneezed, or coughed out from the nose or mouth
- Skin-to-skin contact
- Sexual contact

Universal precautions should be followed when you are exposed to blood, semen, vaginal secretions, or body fluids that contain visible blood.

Universal precautions *do not* apply to nasal secretions, sputum, sweat, tears, urine, feces, vomit, or saliva unless there is visible blood present.

The first line of defense against the spread of any infectious disease is good hand washing using soap and water, or an antiseptic alcohol hand rub if hands are not visibly dirty.

Hand washing procedure:

1. Wet hands first with water.

2. Apply an amount of soap sufficient for lather to cover all surfaces of hands.

3. Rub hands together well, covering all surfaces including fingers for a minimum of 15 seconds. Pay particular attention to fingertips, nails and jewelry.

4. Rinse thoroughly with running water.

5. Dry thoroughly with paper or cloth towel.

The following guidelines should be followed with the care of any child:

Gloves – Wear disposable gloves when you touch items or body surfaces soiled with blood or body fluids that contain blood, and when you perform procedures involving treatment of open sores such as changing a bandage. If a glove gets torn or damaged, take your gloves off and wash your hands; then put on new gloves. Do not wash gloves. Discard them after each use. Gloves are not a substitute for hand washing. Wash your hands after wearing gloves in case the gloves have been damaged.

Hand Washing - If you get blood or body fluids that contain blood on your hands or any other body surface, wash your hands and the exposed part of your body immediately and thoroughly with soap and water for several minutes. If running water and soap are not immediately available, a waterless antiseptic cleaner or moist towelette may be used until you can thoroughly wash your hands.

Clean up of spills of blood or body fluids with visible blood:

1. Put on disposable gloves.
2. Wipe up blood or body fluids with absorbent paper towels.
3. Place contaminated paper towels in a plastic garbage bag.
4. Clean and rinse area with a disinfectant.
5. Wipe the surface with a 1:10 dilution of household bleach in water. This means mixing 1 ounce of household bleach with 9 ounces of tap water (1:10 dilution).
6. Dispose of paper towels and gloves in same plastic garbage bag removing gloves last.
7. Secure the bag with a tie.
8. Dispose of the bag in the garbage.
9. Wash your hands thoroughly with soap and water for several minutes.

Worksheet #1

Angela is 16 ½ years old and has been prescribed Celexa for depression. The medication was started 2 weeks ago at her appointment with a nurse practitioner at the community mental health center. This morning when you get Angela's Celexa ready, she informs you that she does not want to take it anymore. What do you do?

Proper Procedures for Administering Medications

General Principles

1. Wash hands and put on gloves if needed.

2. Gather the medicine, medicine cup or medicine syringe, and measuring utensils needed.

3. Read the label of the container carefully to be sure you have the right medicine.

4. When preparing pills, remove the cap and place it topside down on the table. Handle the medicine in such a way that the fingers do not come in contact with it. Place the number of tablets in the lid or cap of the bottle and then hand it to the child.

5. When preparing liquid medications, check to see that the cap of the bottle is on securely. Shake the bottle to mix the medicine. Remove the cap and place it topside down on the table. When pouring liquid medicine hold the bottle with the label in the palm of the palm to avoid soiling it. Pour the medicine holding the medicine cup or medicine syringe at eye level or pour it into a spoon. Wipe the lip of the bottle with a moist piece of clean paper towel before recapping it. Put the cap back on securely.

6. Liquid medications should be measured using accurate dosing devices like oral syringes, medicine cups, and calibrated medicine droppers/spoons. Household flatware teaspoons should not be used.

7. Take the medicine to the child or have them come to you.

8. Remain with the child while they take the medicine.

9. Check the child's mouth if needed. Have the child open their mouth and stick out their tongue to see if the medication has been swallowed. If you think the child is holding medicine in their mouth, sweep their mouth with a gloved finger in the pocket between the teeth and gums.

10. Note any unusual reactions or symptoms before or after the child takes the medication. Report this to the prescribing provider.

11. Clean equipment, including pill splitters, mortar and pestals, oral syringes, etc., with soap and water.

12. Remove gloves and wash hands.

13. If the child has difficulty swallowing the medicine, check with the prescribing provider to see if it can be crushed or added to food or liquid to make taking it easier.

Oral Tablets and Capsules

1. Wash your hands and get the medicine container.
2. Double-check the name on the container and the name of the medication.
3. Handle the pills in such a way that you do not touch them with your fingers. Drop the pill(s) into the cap of the container and hand it to the child.
4. Recap the container.
5. Observe the child as the medication is swallowed.
6. If necessary, do a check of the mouth to be sure the medication has been swallowed.

Oral Liquid Medication

1. Wash your hands.
2. Check to see that the cap of the bottle is on securely. Shake the bottle to mix its contents if it is a suspension. Remove the cap and place it topside down on the table.
3. When pouring liquid medications, hold the bottle with the label facing the palm of your hand to avoid soiling it.
4. Pour the medication holding the medicine cup or medicine syringe at eye level or pour the medication into a spoon.
5. Wipe lip of the bottle with a moist piece of clean paper towel before recapping it.
6. Replace cap, wash equipment with soap and water, and wash your hands.

Topical Medication

1. Wash your hands and put on gloves if available.
2. Look to see if the affected area is changed in any way before applying the medicine and any unusual reactions or symptoms after the medicine is applied. Report these things to the provider.
3. Clean the area if indicated. Clean from "dirty to clean" in only one direction, one time to avoid spreading germs to the area. Use a clean wipe for each area if necessary.
4. Remove cover from medication and place cap topside down on the table.
5. Take the correct amount from the container onto a glove, tongue blade, tissue, q-tip, etc. Do not double-dip applicator back into the medication.
6. Apply to affected area.
7. Put on a bandage if ordered according to directions.
8. Replace cap, remove your gloves, and wash your hands.

Nasal Medication

1. Wash your hands.
2. Position child in a sitting position with head tilted backward or to the side.
3. Shake the medication and draw up the medication into the dropper.
4. Make sure the dropper is not chipped, cracked or broken.
5. Aim the tip of the dropper toward the nasal passage and apply correct number of drops. Instruct child to breathe through the mouth as the drops are put in.
6. For sprays, place the tip of the container just inside the nostril. Close off the opposite nostril. Instruct the child to inhale as the container is squeezed. Repeat in the opposite nostril as required.
7. Replace cap and wash your hands.

Eye Drops/Ointments

1. Wash your hands and put on gloves if needed.
2. Look for any changes in the effected eye before applying medicine and any unusual reaction or symptoms following the medicine application. Report them to the provider.
3. Shake the bottle and draw up the medication into the dropper.
4. Check the dropper to be sure it is not dirty, chipped or cracked.
5. Tilt the child's head back and have the child look at the ceiling. Gently draw lower lid down with forefinger, steady your hand on their cheek if needed.
6. If an ointment, apply it in a thin layer along the inside of lower lid. Do not touch the tip to eye. Hold your hand against their forehead to steady it.
7. If drops, dispense the correct number of drops gently near the center of the lower lid. Do not touch the dropper to the eye to prevent contamination. Hold your hand against their forehead to steady it.
8. Have the child close their eye for 2-3 minutes.
9. Replace cap, remove your gloves, and wash your hands.

Ear Drops

1. Wash your hands.
2. Position the child on bed with head turned away from you. If sitting in a chair, tilt head sideways until ear is as horizontal as possible.
3. Look for any changes in the affected ear(s) before putting in the medicine and any unusual reactions or symptoms following the medicine instillation. Report these to the prescribing provider.
4. Shake the bottle and draw up the medication into the dropper.
5. Make sure the dropper is not chipped, cracked or broken.
6. Administer the eardrops by pulling the ear gently backward and upward and put the number of drops ordered into ear canal. Do not touch any part of the ear canal with the dropper to prevent contamination.
7. Keep ear tilted several minutes and put a soft cotton ball loosely in the ear.
8. If drops are to be put in both ears, wait at least five minutes before putting drops in second ear.
9. Replace dropper and cap and wash your hands.

Inhalant Medication

1. Wash your hands.
2. Shake the inhaler to mix the medicine in the chamber.
3. Hold inhaler between index finger and thumb and remove cap. Insert inhaler mouthpiece or spacer.
4. Have the child exhale or breathe out slowly through pursed lips. Insert mouthpiece and squeeze the canister between the thumb and fingers and have the child breathe in slowly at the same time.
5. Withdraw the mouthpiece and have the child hold his/her breath for several seconds, and then breathe out slowly.

**Note – Depending on the child's age and developmental stage, the following directions for rectal and vaginal medications may only be needed as guidance if the child needs direction or assistance with the self administration of these types of medications.*

Rectal Medication

1. Wash your hands and put on gloves.
2. If lubricant is needed, put it on a tissue. Open suppository foil and drop suppository into the lubricant.
3. Have the child lie on their side.
4. Push the suppository or ointment gently with your forefinger into the rectum along the rectal wall as far as you can without causing pain. Encourage the child/youth to relax by breathing through their mouth.
5. While removing your finger, press a folded tissue against the anus until the urge to push the medicine out stops.
6. Look for any unusual reactions or symptoms after inserting the suppository. Report them to the provider.
7. Discard tissues, remove your gloves, and wash your hands.

Vaginal Medication

1. Have the girl urinate to empty the bladder; then wash her hands and put on gloves if available. Prepare the medication for delivery following direction on the label.
2. If possible use the vaginal medication at bedtime so the medication stays in over night.
3. Position girl on back with knees bent and legs spread. Instruct her to relax by breathing through the mouth or taking deep breaths.
4. Separate the labia and insert the applicator in the vagina to the length recommended in the package instructions. Push down on the plunger.
5. Remove the applicator and place it on a clean tissue or throw it away if disposable.
6. Remain lying down for at least 10 to 30 minutes.
7. Wash a reusable applicator according to manufacture instructions.
8. Recap container and have girl wash her hands.

Auto-injector for Allergic Emergencies

1. At first appearance of signs and symptoms of serious allergy reaction (facial swelling, hives, difficulty breathing) or as directed, be prepared to use epinephrine (adrenaline) by injection.
2. While preparing to use an injection, have someone call emergency number (usually 911) for immediate transportation to nearest health care facility or hospital emergency room.
3. Pull off the safety cap if present.
4. Place tip of Epi-pen® or needle at right angle to front of and just to the outside of the leg in the fleshiest part of the front of the thigh.
5. Press into the thigh hard (Epi-pen®) or push plunger (Anakit®) to release medication and hold for a few seconds before removing needle.
6. Massage area for ten seconds.
7. Dispose of sharps appropriately
8. **It is important to periodically check the expiration of medications that are not used on a regular basis but are needed in an emergency.*

Subcutaneous Administration of Medication (Insulin)

Supplies:

Alcohol wipes, insulin and syringes.

Syringes come in three sizes: 100 units, 50 units, 30 units; U100 is standard.

Parts of the syringe:

- Barrel – the units of measure are marked on the barrel
- Plunger – tip of plunger shows how much insulin has been drawn up
- Needle – needles are sterile and should not touch anything before it is injected into the skin.

Insulin types:

- Short-acting insulin
- Intermediate-acting insulin
- Long-acting insulin
- Combinations of the above
- Some insulins are clear in appearance and some insulins are cloudy.

Preparing a single dose of insulin:

1. Wash and dry your hands.
2. Mix insulin by gently rolling the bottle between your palms.
3. Clean cap with alcohol.
4. Pull air into syringe to the number of units needed.
5. Inject the air into the bottle.
6. Draw insulin into syringe.
7. Check that the dose is correct and that there are no air bubbles.
8. Withdraw the needle.

Preparing a mixed dose of insulin:

1. Draw air into the syringe for the total amount of the insulin injection.
2. Inject the amount of air into the long or intermediate-acting insulin for the number of units of that type of insulin you will be injecting.
3. Withdraw syringe from that bottle.
4. Inject the rest of the air into the shorter acting insulin bottle.
5. Draw up the short-acting insulin, get rid of any air bubbles in the syringe and withdraw the needle with the correct number of units in the syringe.
6. Next, insert needle into the bottle of longer-acting insulin, withdraw the exact number of units of longer-acting insulin needed and withdraw the needle.

Choosing the injection site:

1. Injection sites include:
   - Abdomen
   - Thighs (front and sides)
   - Upper outer arms
   - Buttocks
2. Rotate injection sites to help keep the skin and tissue healthy.
3. Inject into these sites in the subcutaneous (fatty) tissue between the skin and muscle.
4. Do not inject into a muscle.

Injecting the insulin:

1. Wipe the skin with alcohol.
2. Pinch the skin up into a fold.
3. Dart needle into the skin at a 90-degree angle (i.e. straight into the skin).
4. Inject the insulin by pressing down on the plunger all the way.
5. Pull the needle out and hold the alcohol pad over the injection site to stop any bleeding.

Storing insulin:

1. Keep unopened insulin bottles in the refrigerator but do not freeze.
2. Opened bottles can be stored in a cool, dark place; refrigeration is not necessary.
3. Keep insulin out of heat and sunlight.
4. Keep track of the expiration date on the bottle.

Dispose of syringes and lancets using the proper container as recommended by the child's healthcare provider.

Documentation

A *Resource Home Prescription Medication Record* (DCS Form CS-0630) should be kept for each child on prescription medications. This form will include the child's name, name of the prescribed medications, dosage, frequency, date and time, reason for any missed or refused doses, any side effects noted, any changes or improvements observed, next appointment date and time, and number of refills remaining.

- The *Resource Home Prescription Medication Record* should be taken to healthcare appointments as a source of information for the healthcare provider.

- All prescription medications, including psychotropic medications, should be counted at least weekly to be sure that the child does not run out of medications. These medication counts must be recorded on the *Resource Home Prescription Medication Record*.

- The DCS Case Manager should review the *Resource Home Prescription Medication Record* at each visit and assist the Resource Parent with any problems.

Safe Storage and Control of Medication

- All over-the-counter (OTC) medications and all prescription medications must be single locked at minimum at all times.
- All medication must be stored in the original labeled container or in containers with a label provided by the pharmacy.
- Medication requiring refrigeration should be kept cold at all times.
- Medication cannot be left out for child to take at a later time.
- Medications for a child on a self-administration program must be stored in such a way as to make sure no other children have access to them.

Disposal of Medication

- Medication that is stopped, expired, cannot be identified, or has a missing or unreadable label is not to be given and must be destroyed.
- Medication that is refused or contaminated (spit out, unusual color, leaking, etc.) must not be given and must be destroyed.
- Any problems with prescribed medication should be reported to the prescribing provider or the pharmacist.
- Do not flush medication down the toilet due to the risk of contamination of area streams and water sources.
- Ask your pharmacist if the pharmacy will accept old medicines back from patients.
- Check to see whether your area has a community household hazardous waste collection program.
- If you must dispose of medication in the garbage, use the following precautions to protect your privacy and reduce unintended drug use:

    1. Keep the medication in the original container. Scratch out your name for security purposes.
    2. Add a small amount of water to pills, or an absorbent material like flour or cat litter to liquid medications, to discourage their use.
    3. Put the medication container in a paper bag or some other type of container to conceal, then toss as close to your trash pickup time as possible.

Communicating with Your Child about Medication

Communication with your child is a very important aspect of care and includes talking, listening and observing. The following are important considerations for your child:

- Respect the child's rights at all times.
- Talk to the child in terms they understand to avoid confusion.
- Look for and report the child's physical, mental, and emotional condition, reactions and behavior, what they say about their illness and their likes and dislikes.
- Look for and report abnormal signs and symptoms such as shortness of breath, slow or fast breathing, fever, chills, sweating, cough, pain, blue color to lips or nails, nausea and/or vomiting, drowsiness or dizziness, excessive thirst, unusual drainage, rash, skin color, redness, breaks or tears, swelling in ankles or feet, face, hands, blurred vision, pain, burning, frequency or color and/or odor change in urine, bloody, watery, hard, black or other abnormal changes in bowel habits, any unusual sign, symptom or change noted, any accident or incident, and any side effects to their medicines.
- Never give a child a choice when none exists. Avoid asking questions such as, "Would you like to take your medicine now?" Instead, make firm statements such as, "It's time to take your pill now." Allow the child to feel some control over the procedure by offering choices such as the flavor of a drink to take with the medicine.

The Role of Patient Education

- Teach your child as much as possible about their medication. Start teaching with the first dose and repeat the information with every dose. Some children may need many simple explanations or reminders over time before they fully understand their medication.
- Ask the prescribing provider for help in teaching your child about their medication in a way that they will understand.
- A child who is cognitively able should know and understand why a medicine is being prescribed, how the medicine will affect them, when he/she should be taking the medicine, for how long they must take the medication, and what the side effects are. Teach your child what the medicine looks like and when it is scheduled, they can be the best protection against medication errors.

Medication Errors

A medication error is defined as any violation of the five rights:

1. *Wrong person* – This error involves two people; one child would receive a possibly dangerous drug they should not be taking, and another child who did not get the medication they needed.

2. *Wrong medication* – The child would be receiving a potentially dangerous drug. They would not receive the benefit of the drug that they should have received.

3. *Wrong dosage* – The dosage of each medication is carefully calculated by the prescribing provider and adjusted to each person's needs. Too little would not be effective; too much could be potentially dangerous.

4. *Wrong time* – In order to maintain a consistent level of drug in the body, medications are given at specific time. If the time schedule is not followed, there will be too little drug or too much drug in the body system at that particular time.

5. *Wrong route* – When administering a drug by the wrong route, the drug may be ineffective and/or you may cause tissue damage or bad reactions.

An error is a serious event and the effect on the child can range from no effect to serious complications. For each medication you give you should be familiar with the purpose and how the medicine works in order to recognize any problems the drug may cause.

When a Medication Error Occurs

- You must notify the prescribing provider and the DCS Case Manager.
- Follow all instructions given by the prescribing provider and write down any problems you see.
- If the child is in acute distress, call 911 or your emergency response number.

Prevention of Medication Errors

1. Know where to go for drug information. Your resources include doctors, pharmacists, nurses, pharmacy instruction sheets, drug references, libraries, or on the Internet. Not knowing about your child's medicine can be a common cause of drug problems and errors.

2. When giving medicines, use times that are convenient for your family.

3. Look at the medicine for possible defects (cracks in capsules, cloudy fluids, sediment in solutions). Report these to the pharmacy or prescribing provider as soon as possible.

4. Keep medication in the original container until you give it.

5. When measuring liquid medications, read markings carefully on medicine cups and syringes.

6. When using over-the-counter medications, carefully follow manufacturers instructions or call the child's healthcare provider for instructions.

7. Do not borrow or use medication prescribed for another person, even if it is the same medication that is prescribed for your child.

8. Watch for any and all drug effects, including problem reactions. It is just as important to see and record the desired change, as it is to report a rash.

9. If any drug calculations are necessary, be sure you have clearly written instructions from the prescribing provider. If you must split pills, use a pill splitter available from your pharmacy.

10. If you are not familiar with how a specific medicine is to be given, ask your pharmacist for help. The wide variety of delivery systems (inhalers, transdermal patches) requires that you give them correctly.

11. Any medication that just does not make sense, has confusing directions, is difficult to read, or is prescribed for a disease or problem the child does not have, should be questioned and confirmed by the prescribing provider before giving it.

12. Avoid distractions and be particularly careful in a chaotic environment or in times of high stress. These are the times when you are more likely to make mistakes.

Informed Consent

Informed consent is based on the fundamental principle that every person has the right to control his/her own bodily integrity. Everyone has a right to receive sufficient information to enable him or her to make an informed decision about whether to consent to or refuse tests, treatment or medication. This includes risks and benefits of consenting and risks and benefits of not consenting.

Components of Informed Consent

The prescribing provider should provide a verbal and/or written explanation about the test, treatment or medication, explained in a way the patient fully understands and includes:

- Diagnosis for which the test, treatment or medication is prescribed
- Nature of the medication, treatment, test, or procedure
- Name of the medication, including both generic and brand name
- Dosage and frequency of medication
- Expected benefits
- Possible risks and side effects
- Availability of alternatives
- Expected outcome without the proposed intervention

Informed Consent for Psychotropic Medication

The DCS Case Manager or Contract Agency Case Manager should inform the parent or guardian when a foster child has an appointment with a psychiatrist, pediatrician or nurse practitioner so the parent or guardian may be included in any decisions about treatment or medications. If psychotropic medications are prescribed and the child is age 16 years or older, the child may give their own informed consent. For children under age 16 years, the parent or guardian is designated to give the informed consent. If the parent or guardian is not available, the DCS Health Advocacy Nurse is designated to give the informed consent. ***Resource Parents <u>cannot</u> give informed consent for psychotropic medications.***

Communication about Medication Evaluations

When a child attends an appointment for medication evaluation, the psychiatrist, pediatrician or nurse practitioner should complete *Psychotropic Medication Evaluation* (DCS Form CS-0629). This is especially important if there are any changes in the psychotropic medications being prescribed including dosage changes, timing/frequency changes, route changes, or if medication is being stopped. This form is then sent or given to the DCS Case Manager or the DCS Health Advocacy Nurse for tracking purposes.

Documentation of Informed Consent

When a psychotropic medication is prescribed, the psychiatrist, pediatrician or nurse practitioner should complete *Informed Consent for Psychotropic Medication* (DCS Form CS-0627). The consent should be signed by the child if age 16 years or older or by the parent or guardian. If parental consent is not available for a child under age 16 years, the DCS Health Advocacy Nurse is responsible for giving consent. Regardless of who gives the consent, the signed consent form should be provided to the DCS Case Manager or the DCS Health Advocacy Nurse for tracking purposes.

If you have any questions about informed consent or the DCS forms required, please contact your DCS Case Manager or DCS Health Advocacy Nurse.

Worksheet #2

Jamie is 8 years old and was placed in your home last evening. The DCS Case Manager left a prescription bottle of Ritalin when he dropped Jamie off last evening and instructed you to give Jamie one pill every morning. This morning you are preparing to give Jamie his medicine and you realize there are only two pills left in the bottle. You also remember from your medication administration training that you are supposed to have a signed *Informed Consent for Psychotropic Medication* and the Case Manager did not give you one. What do you do?